

Case Number:	CM15-0130906		
Date Assigned:	07/17/2015	Date of Injury:	03/08/2011
Decision Date:	09/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Florida
 Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female, who sustained an industrial injury on March 8, 2011. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbar spine and bilateral sacroiliac joint sprain, cervical sprain, left shoulder periscapular strain, bilateral ankle sprain, bilateral knee contusions-sprains, right DeQuervain's, and bilateral lateral epicondylitis. Diagnostic studies were not included in the provided medical records. Treatment to date has included lumbar epidural steroid injections, a home exercise program, physical therapy, chiropractic therapy, rest, activity modifications, bracing, and medications including opioid analgesic and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: May 29, 1989 to January 7, 2011. There were no noted comorbidities. On May 28, 2015, the injured worker complained of decreased low back and leg pain for at least 2 months following the third lumbar epidural steroid injection on March 16, 2015. She complained of bilateral sacroiliac joint pain, greater on the right than the left. She complained of acid reflux. Her pain was rated 3-5/10. The pain was described as moderate, constant, sharp, cramping, and numbness. The physical exam revealed tenderness to palpation of the lumbar paravertebral muscles, lumbosacral junction, bilateral sacroiliac joints, and left piriformis. There were positive sacroiliac joint-notch stress, Yeoman, and Gaenslen's tests. There was decreased sensation of the lumbar 5-sacral 1 nerve distribution in the bilateral lower extremities, greater in the right foot than the left. The treatment plan includes changing the Anaprox to Mobic due to

acid reflux and adding Prilosec. Her work status is temporarily totally disabled. Requested treatments include: Relafen, Mobic, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Relafen 500mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of relafen for the insured as there is no indication of objective benefit in function and therefore is not medically necessary.

Mobic 7.5mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of Mobic for the insured as there is no indication of objective benefit in function and therefore is not medically necessary.

Prilosec 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking

NSAID. The medical records provided for review do not document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for prilosec in the insured congruent with ODG and therefore is not medically necessary.